

# The Finance Place Customer Application

## Applicant Information

Name (last, First, Middle Initial)		Social Security Number		Drivers Licence Number	Date of Birth / /
Home Address		Apt #	City, State, Zip		Date You Moved Into This Address / /
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	Home Phone (include area code) ( )	Work Phone (include area code) ( )	Extension x
Email					

## Employment Information

Employer Name		Employer Address			City, State, Zip
Department	Date of Hire / /	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Monthly Gross Income \$	Take Home Pay \$
Pay Date Information					
<input type="checkbox"/> Weekly - Next Pay Date	/ /	<input type="checkbox"/> Every 2 Weeks - Next Pay Date	/ /	<input type="checkbox"/> Twice a Month - Next 2 Pay Dates	/ / / /
<input type="checkbox"/> Monthly - Next Pay Date	/ /	<input type="checkbox"/> Non Regular			

## Bank Information

Bank Name	Account Number	Do You Have an ATM/ Debit Card <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Major Credit Card(s) do You Have?	Direct Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	----------------	--	--	--

## Spouse Information

Spouse's Name (Last, First, Middle Initial)	Spouse's Employer Name	Spouse's Work Phone ( )	Extension x

## Reference Information

Name of Nearest Relative Not Living With You	Reference Phone Number ( )	Name of Nearest Relative Not Living With You	Reference Phone Number ( )
Name of Nearest Relative Not Living With You	Reference Phone Number ( )	Name of Nearest Relative Not Living With You	Reference Phone Number ( )

By signing below, I authorize the Finance Place or its contractors and affiliates to contact any persons or companies to verify information The Finance Place may require now and in the future, while attempting to perform a check cashing or loan service for me recovering and debt due to The Finance Place. I authorize The Finance Place or its contractors and affiliates to request and receive credit reports from time to time pertaining to me and any Consumer Credit Reporting Agency. Nothing herein contained shall require The Finance Place to accept and checks presented to me. By signing below, I certify that to the best of my knowledge the above information is true and correct.

You agree that by law and this form we or our agents may offset (deduct) any sums owed to us from and checks presented to us now or in the future for cashing. The amount owed to us includes any legitimate reason including, but not limited to, returned checks, returned check charges, defaulted loans or additional collection costs that you have incurred with us or one of our affiliates. I further acknowledge that I have read, understand and agree to terms and conditions of the Agreements for Resolving Disputes on the back of this form.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

